

**ENVIRONMENTAL DOCUMENT TRANSMITTAL/CLEARANCE REQUEST FORM
DEPARTMENT OF HEALTH SERVICES WATER SUPPLY PERMIT PROJECTS¹**

Date: _____ District/Div: _____ System/ID Number _____
DHS Staff: _____ Phone #: _____
Water System Contact: _____ Phone #: _____
Project Name: _____
Water System: _____
State Clearinghouse Number: _____ Project County: _____
Date Application Deemed Complete: _____ Target ☐ Actual ☐
Targeted Date For Permit Issuance: _____
Description of Project: _____

Constructed? Yes ☐ No ☐ Est. Start Date: _____ Finish Date: _____

Documents Provided (please check applicable boxes):

- | | |
|--------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> | Notice of Determination (filed with Governor's Office of Planning & Research) |
| <input type="checkbox"/> | Notice of Exemption (filed with County Clerk) |
| <input type="checkbox"/> | Environmental Information Form for Exemptions |
| <input type="checkbox"/> | Environmental Information Form (when DHS is Lead Agency) |
| <input type="checkbox"/> | Negative Declaration/Initial Study |
| <input type="checkbox"/> | Environmental Impact Report (EIR) |
| <input type="checkbox"/> | Mitigation Monitoring Plan for EIR or Mitigated Negative Declaration |

Submit to: California Department of Health Services
Environmental Review Unit
Attn: _____
1616 Capital Ave. MS 7418, P.O. Box 997413
Sacramento, CA 95899-7413

DHS Staff Signature

¹ Not for use with SDWSRF projects